

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0334</u>	Type of Application: <u>LICENSE CERT OR PERMIT</u>
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification, or Permit: <u>MORTGAGE BANKER LICENSE</u>	

Agency Address Set Contributing Agency:		
<u>DEPARTMENT OF BUSINESS OVERSIGHT</u>	<u>03918</u>	
<small>Agency authorized to receive criminal history information</small>	<small>Mail Code (five digit code assigned by DOJ)</small>	
<u>320 WEST 4TH STREET, SUITE 750</u>		
<small>Street</small>	<small>Contact Name</small>	
<u>LOS ANGELES, CA</u>	<u>90013-2344</u>	<u>(866) 275-2677</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Contact Telephone No.</small>

Name of Applicant: _____			
	<small>Last *</small>	<small>First *</small>	<small>MI</small>
Alias: _____		Driver's License No. _____	
	<small>Last</small>	<small>First</small>	
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. NO. BIL- _____	
Height:* _____	Weight:* _____	Misc. No: _____	
Eye Color:* _____	Hair Color: _____	Home Address:* _____	
Place of Birth:* _____		<small>Street or P.O. Box</small>	
SOC:* _____		<small>City, State and Zip Code</small>	

Your Number: _____	Level of Service: <input type="radio"/> DOJ <input type="radio"/> FBI
<small>OCA No. (Agency Identifying No.)</small>	
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)	
DO NOT COMPLETE THIS SECTION	
Employer Name _____	
Street _____	Mail Code (five digit code assigned by DOJ) _____
City _____	Agency Telephone No. (optional) _____
State _____	
Zip Code _____	

Live Scan Transaction Completed by: _____	Date: _____
Transmitting Agency _____	ATI No. _____
	Amount Collected/Billed _____

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Name of Applicant: _____	_____	_____	_____
	Last *	First *	MI
Alias: _____	_____	_____	Driver's License No. _____
	Last	First	
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. NO. BIL- _____	
Height:* _____	Weight:* _____	Misc. No: _____	
Eye Color:* _____	Hair Color: _____	Home Address:* _____	
Place of Birth:* _____		_____	Street or P.O. Box
SOC:* _____		_____	City, State and Zip Code

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DBO's Privacy Notice on Collection

DBO Collects and Uses Personal Information: The DBO collects the information requested on this form as authorized by the California Financial Code section 17414.1. The DBO uses this information to investigate the individual's background and qualifications associated with an applicant or a licensee. Use of the personal Information DBO collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

Providing Personal Information Is Voluntary: You do not have to provide the personal information requested. If you do not want to provide personal information, such as your name, home address or home telephone number, you may remain anonymous. However, we may not be able to contact you or help resolve your issue.

When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver's license number, or financial information.

DBO May Disclose Your Personal Information: We may share your personal information with the Department of Justice's Identification and Information Branch, other federal, state or local law enforcement agencies, or a self-regulatory organization as authorized by law. Your personal information may also be disclosed:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another governmental agency as required by state or federal law.
- In response to a court order or administrative order, a subpoena or a search warrant.

Your Access to Your Personal Information: You may review the records maintained by DBO that contain your personal information. To request access, contact: DBO Privacy Officer, 1515 K Street, Sacramento, CA 95814.

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ATI No.

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